

Montana Central Tumor Registry Newsletter



Cancer Surveillance and Epidemiology Program

Changes in the Cancer Control Section and the Montana Central Tumor Registry

Sue Miller has been the Supervisor of the Cancer Control Section since 2004. In September 2008 Sue accepted the position of Director of the Montana Learning Cooperative in the Public Health and Safety Division. In December, Kathy Myers became Supervisor of the Cancer Control Section. You may already know Kathy because she has been the Quality Control Nurse for the Montana Breast and Cervical Health Program (MBCHP) since 1999, and the Co-Program Manager since May 2007. Also in December, Karan Kunz, Co-Manager of the MBCHP, accepted a position with the Jefferson County Health Department. Mark Wamsley has currently been hired as the new Program Manager for the MBCHP. Mark previously worked for the MT Tobacco Use and Prevention Program.

The management of the Cancer Control Section and the Chronic Disease Prevention & Health Promotion Bureau felt this was a good time to restructure to improve the integration of the section. The Epidemiology and Montana Central Tumor Registry programs were combined to create the **Cancer Surveillance and Epidemiology Program (CSEP)**. Carol Ballew is the Program Manager of the CSEP. Debbi Lemons is the Coordinator of the Tumor Registry within the CSEP, and Diane Dean and Paige Johnson remain as Data Control Specialists for the Tumor Registry. Janae Grotbo will continue to divide her time as Office Manager for the CSEP and the MCCCCP.

These changes in the placement of the Tumor Registry will have no effect on your day-to-day interactions with the Tumor Registry. We look forward to continuing to work with all of you.

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Meet the Registrar, Wendy Dahl



Greetings All! My name is Wendy Dahl from the northeastern corner of the state. I am an employee of Daniels Memorial Healthcare Center in Scobey of almost two years now. I wear many hats (just like we all do) in my duties to include in part HIM Director, Medical Transcriptionist, Compliance/Privacy/Security Officer, Assistant Medical Coder, and Tumor Registrar. I joined the MCRA in May 2008 while attending my first spring workshop. I am a person who strives for challenges and this was something new I wanted to learn and bring our facility up-to-date with. The network of people I met in this organization are great. When time allows, I like to spend my time away from work with my family doing outdoor activities. I have a husband, Rusty of 18 ½ years, two sons Jace age 16 and Quaid age 14, and my daughter Kassidy age 9. My personal time finds me doing cross stitch, crossword puzzles, or reading. I do have plans in the near future to go back to school and obtain my RHIT degree.

Finding Cancer Statistics for Montana and the United States

The following list of websites are places where you can find cancer statistics for Montana, other states, and the US. Most use a query-system so you can input the specific information you need.

Montana Central Tumor Registry

www.cancer.mt.gov

The MCTR has annual reports, quarterly surveillance reports, newsletters, and other relevant publications.

Montana Vital Statistics

<http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml>

The Montana Office of Vital Statistics publishes cancer-related mortality.

CDC NPCR CSS

<http://www.cdc.gov/cancer/npcr/uscs/>

United States Cancer Statistics (USCS) data contain cancer incidence from all U.S. registries that have high-quality data.

Cancer Control Planet

<http://cancercontrolplanet.cancer.gov/>

Cancer Control Planet has state cancer profiles and cancer statistics.

NAACCR

<http://www.cancer-rates.info/naaccr/>

The NAACCR has incidence cancer rates in North America where you can query an individual state, primary site, years, sex, and race/ethnicity.

SEER

http://seer.cancer.gov/csr/1975_2005/

The SEER Cancer Statistics Review, published by the NCI, contains incidence, mortality, survival, and prevalence.

CDC Wonder

<http://wonder.cdc.gov/cancer.html>

CDC Wonder has cancer statistics by year state, site, age, race, and sex.

MCRA Spring Workshop



The Montana Cancer Registrars Association is holding it's spring workshop on Thursday and Friday, April 30–May 1, 2009. The day and a half meeting will be held at St. Vincent Healthcare in Billings in the Marillac Hall in the Madison Jefferson Conference Room.

The agenda will include topics on

- Surgical treatment of colorectal cancer
- Nutritional needs during cancer treatment
- The role of a breast cancer coordinator
- Hematopoietic Diseases
- Lung Cancer anatomy, staging, and treatment
- Breast Reconstruction
- Using MCTR data for public health
- Plus more!

Look for the MCRA Annual Meeting Brochure and Registration Materials. They should reach your mailbox during the week of March 16th.

Hope to see you there!

Certificate of Excellence Recipients

The following hospitals received a certificate for the 2008 Fourth Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

<u>Hospital</u>	<u>City</u>
Bozeman Deaconess Hospital	Bozeman
Billings Clinic	Billings
St Vincent's Hospital	Billings
Sletten Cancer Institute	Great Falls
Frances Mahon Deaconess Hospital	Glasgow
Central Montana Hospital	Lewistown
St Patrick's Hospital	Missoula
Kalispell Regional Hospital	Kalispell
Yellowstone Path Institute	Billings



MCTR Implements Administrative Rules Changes

The MCTR initiated rules changes under the Montana Procedures Act to modify several existing reporting rules. The modified rules were effective as of December 2008 and apply to cancer cases reported to the MCTR in diagnosis year 2009 and following. The MCTR staff sent out copies of the amended rules during the week of February 9. You may also find a copy of the amended rules at www.cancer.mt.gov. Click on MT Central Tumor Registry and scroll down to Tumor Registry Law and Rules. Update pages for the MCTR Reporting Manual will be mailed to you soon.

In summary, the modifications are:

Update list of ambiguous terminology for reportable cancers - ARM 37.8.1801(3),(4)

This rule change updates the MCTR to be consistent with current national terminology for reporting ambiguous terms.

Clarify Reporting time of six months - ARM 37.8.1801(4)

Adding "outpatient" to the timeframe clarifies which cases must be reported.

Require Physical Address at Time of Diagnosis - ARM 37.8.1802(a) and (b)

Data on the physical location of residence at the time of diagnosis is essential to conduct many epidemiologic investigations. Physical address indicates referral patterns and allows for analysis of cancer clusters or environmental studies.

Require Hispanic Origin - ARM 37.8.1802(f)

Requiring information on Hispanic origin brings the MCTR into compliance with other state and federal data collection.

Require Text Information - ARM 37.8.1802(q)

Information on procedures used to diagnose and stage tumors is essential for quality control and special studies.

Require Date of Recurrence - ARM 37.8.1802(t) and 37.8.1803(k)

Date of recurrence, with the type of recurrence, is necessary to calculate the cancer-free interval and can be used to measure the efficacy of the first course of treatment.

Require Primary Payer - ARM 37.8.1802(x)

Payer information (classified by type) would allow the MCTR to evaluate the impact of lack of health care coverage on cancer diagnosis and outcome.

Require Occupation and Industry - ARM 37.8.1802(y)

Occupation and industry are essential data elements for many epidemiologic investigations of cancer risk factors and causation.

Require Tobacco and Alcohol History - ARM 37.8.1802(z)

Tobacco and alcohol histories are used to determine if alcohol and tobacco use may have caused a higher than average risk of cancer, or to rule out these common exposures in favor of occupational or environmental exposures as potential causes in individuals who have no history of tobacco use.